



State of Washington Application for a Water Right



	For	Ecole	ogy I	Jse	
F	ee F	aid	3 10	00	
D	ate	1-	12	199	9

Please follow the attached instructions to avoid unnecessary delays:

Section 1. APPLICANT - PERSON, ORGA	NIZATION, OR WATER SYSTEM
Name (VIRGINIA SCOTT)	Home Tel: (509) 843 - 3917
Mailing Address PO Box 633	Work Tel: (
Mailing Address PO Bot 633 City Pome Ruy State WA Zip+4 9934	7_+0633 FAX: ()
Section 2. CONTACT - PERSON TO CALL Same as above	, ABOUT THE APPLICATION
Name	Home Tel: ()
Mailing Address	
City State Zip+4	+ FAX: ()
Relationship to applicant	
Section 3. STATEMIENT OF INTENT	(0.22cfs)
The applicant requests a permit to use not more than	gallons per minute or
Cubic feet per second) from a 🕒 surface water source of L	ground water source (check only one) for the purpose(s)
of IRRIGATION AT 2450 COLUMBIA DR. POP DESCRIPTION OF THE PLACE OF USE. (See instruction	ons.) NOTE: A tax parcel number or a plat number is not
· ·	
Estimate a maximum annual quantity to be used in acre-foot p SEASONAL IRRIGATION OF 3 AC	per year.
Check if the water use is proposed for a short-term pro	ject. Indicate the period of time that the water will be needed:
From/ to/	
Section 4. WATER SOURCE	
If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring,	A permit is desired for well(s).
lake, etc. If unnamed, write "unnamed spring,"	
"unnamed stream," etc.: PATAHA CREEK	
Number of diversions:	
Source flows into (name of body of water):	Size & depth of well(s):
TUCANNON RIVER	
LOCATION	
Enter the north-south and east-west distances in feet frosection corner:	
2,156' NW OF THE SE	CORNER OF SECTION 32
1/4 of 1/4 of Section Township Range (E/W) County below:
SW14 SE14 32 12N 42E	GARFIELD 38 Depot Addition
	iv Date: 1-5-1999
For Ecology Use Date Received: 1-5-199 Priori SEPA Exempt Not Exempt FERC License #	ty Date:
SEPA Exempt Not Exempt FERC License #	Dept. Of Health #
Date Accepted As Complete 1-22-77 By D	ate ReturnedByWRIA: 35
ECV 040-1-14	

ECY 040-1-14 Rev. 7/97 * * f

APPLICATION

Appl. No.: \$330125

Dec	CHOILS: GENERAL WATER SISTEM INFORMATION		
A.	Name of system, if named:	7 0 1	- "
B.	Briefly describe your proposed water system. (See instructions.)		
	ly hip contrificand pump with foot value and down colowing the operation of several rain bird 7 heads at the same time. This pump is a hours per day and about 3 days per week a	during the	eval
\$ †	eason to water Lawn and garden along with rees and ground cover.	ith accompany	7 (10)
C.	Do you already have any water rights or claims associated with this property or sys PROVIDE DOCUMENTATION.	tem?	NO
	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM IN ompleted for all domestic/public supply uses.)		
A.	Number of "connections" requested: Type of connection	Anada Danasia	1 -4- N
D		Apartment, Recreationa YES	l, etc.) ☐ NO
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional wate County Health Department.		
Cor	nplete C. and D. only if the proposed water system will have fiftee	en or more connect	ions.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current at the curre	☐ YES approved version of your	□ NO plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current a	☐ YES approved version of your	
	ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMA' ompleted for all irrigation and agriculture uses.)		
A.	Total number of acres to be irrigated: (3)		
B.	List total number of acres for other specified agricultural uses:		
	Use GARDEN Acres 12 Use GARDEN Acres 12		
	Use Acres		
C.	Total number of acres to be covered by this application:		
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).		
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:	☐ YES	⊠NO ⊠NO
E.	Farm uses: Stockwater - Total # of animals Animal Type Dairy - # Milking # Non-milking	_ (If dairy cattle, see be	low)

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Sect	tion 8. WATER STORAGE		775
Will y	ou be using a dam, dike, or other structure to retain or store water?	☐ YES	⊠ NO
point,	: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or and some portion of the storage will be above grade, you must also apply for a reservoir permit oir permit application from the Department of Ecology.		
Sect	tion 9. DRIVING DIRECTIONS		
Provid	de detailed driving instructions to the project site. GRAIN BINS DRIVENING WAREHOUSE WAREHOUSE		V,
	ZY TO ST	AKA	5RI
Sect	tion 10. REQUIRED MAP		outore outor outore otho
Α.	Attach a map of the project. (See instructions.)		
Α.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es of the owner(s):	⊠YES	□ NO
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement:	X YES	□NO
to pro monit	fy that the information above is true and accurate to the best of my knowledge. I understancess my application, I grant staff from the Department of Ecology access to the site for insporing purposes. Even though I may have been assisted in the preparation of the above apply yees of the Department of Ecology, all responsibility for the accuracy of the information re	pection and lication by	d the
Die	rginia Leath January 7,	1999	2
Applie	ant (or authorized representative) Date		
Lando	wher for place of use (if same as applicant, write "same") Anuary 7/1	999	
	그렇게 하지않는 경험을 가지 않는데 하지 않는데 바람이 되었다. 그는 그 그 없는데 그는 그를 다 했다.		

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I have examined this application as required by SEPA and find that it is: not an "action".

categorically exempt.

APPLICATION

SIGNATURE

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s): Examination fee was not enclosed	RETURN TO CASHIER, PO BOX 5128, LACEY, WA	
Section number(s) 4, 5, 10, 4 is/are incomplete	RETURN TO THE APPROPRIATE REGIONAL	
Explanation: See attached letter requesting completion (dately 1998)		
Please provide the additional information requested above and return (date).	your application by February	

Ecology staff

Date Jan 5, 1999

Racid back 112/99 OK

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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